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CITY AND COUNTY OF THE CITY OF EXETER



EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1952

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
SCHOOL MEDICAL OFFICER

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SCHOOL HEALTH DEPARTMENT,
1A, SOUTHERNHAY WEST,
EXETER.

March, 1953.

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I present my annual report on the health of the school children and the work of the school health department for the year 1952.

The number of school children in the Council's schools again increased and it is expected this trend will continue for another three or four years at least.

The health of the school children has been good and we have been very free from epidemic disease during the year. Their general condition as shewn at periodic inspections has been good in 97 of every 100 children and their height and weight averages are very satisfactory. One disquieting feature has been the mortality due to accidents, a necessary toll perhaps of adventure, but tragic nevertheless.

The work of the school health department during the year has been much on the usual lines, and periodic examinations were continued as previously of children in the three statutory age groups and also at 8 years of age. The time interval of six years between the first and second statutory examinations is really too long. Sight testing at 6 years, by which time most children know their letters, was continued, all the children in the age group being included in the arrangements. 40% of all the children in the schools were medically "overhauled." At the periodic examinations, the object is to consider the child as a whole and the parents are invited so that their knowledge of the child may help in securing a true assessment: also, so that the doctor may discuss with the parent anything which may need attention. Almost half (45%) of the children submitted to a comprehensive medical examination (periodic or special) were accompanied by a parent.

The arrangements for referring children to hospitals when necessary (usually only after consultation with the family doctor, but sometimes directly, the doctor being informed as soon as possible afterwards) meet with the general approval of the family doctors: the department's relations with the medical profession as a whole continue to be satisfactory.

A comprehensive survey of the environmental conditions in the older schools was undertaken with a view to securing some improvement, which is dependent entirely upon the Council being able to allot money for the purpose. I have always maintained that warm water for washing hands should be available in every school, but especially in the infant and junior schools.

It is not much use to talk about training children in hygienic habits when this elementary requirement is not available—cold water is just not good enough. The sanitary offices should at the least be sanitary and adequate. Other requirements include sufficient heating, ventilation, and natural light. All that is necessary cannot be done at once, but we must never cease from improving the environmental conditions (where they obviously need improvement), which affect growing children during at least half of their waking day. The Education Committee has accepted this view and is to be congratulated on putting into effect in 1953/4 the first year's work in a 5 year programme to bring about some improvement in these other schools.

Not all handicapped children need to attend special schools, and indeed, there is great advantage to everyone if the children can be given the necessary facilities by way of modification of the curriculum in an ordinary day school. But some (the more severe cases) *do* need education in a special school. We have special schools in the City under voluntary control for the partially sighted, and the deaf and partially deaf, and these provide for residential as well as day pupils; but we have none† for any other class of seriously handicapped children, the biggest of which is the educationally subnormal group. Residential special schools are very expensive, but it is not this alone that makes the problem—it is the lack of available places. The great difficulty of securing admission of handicapped children to residential special schools is indicated in the report.

A survey of the position in regard to educationally subnormal children was carried out and I submitted a report to the Special Services Sub-Committee in February, 1953, which was accepted by the Sub-Committee and later by the Education Committee. The main conclusion was the need for special teachers in three of the junior schools to give special teaching in reading and to provide play activity to groups of educationally subnormal children.

Some additional analysis has since been made and the report considerably amplified, will be printed separately.

Mass Miniature Radiography was made available for all children over 14 years in the schools in October and 1,053 children and 222 teachers were examined. Two children in one school (where 145 children and 3 staff had been X-rayed) were found to have tuberculosis, one "open," that is coughing the organisms of tuberculosis in the sputum. Appropriate examination, including chest radiography, of all the child contacts and staff not already X-rayed at the Mass Miniature Radiography survey, (numbering 5 children and 31 staff) and tuberculin (Mantoux) testing of 136 children has been carried out, happily without finding any more cases: the 73 tuberculin negative children (i.e. those presumably *never* infected at any time in life and, therefore, more likely to be susceptible, were all offered B.C.G. vaccination (in 1953): 72 were so vaccinated by the Chest Physician (Dr. Boyd).

†There are hospital special schools at the Princess Elizabeth Orthopaedic Hospital and at Honeylands Children's Sanatorium.

Children's foot defects may be congenital, or the result of injury, or of paralysis, or they may plainly be due to unsuitable footwear worn over long periods. In recent years, more and more attention has been paid to feet and foot wear, and a number of reputable shoe manufacturers have paid attention to the proper fit of shoes for growing children. Not all shop assistants are well informed in this matter. Parents should themselves see that the shoe is long enough to allow free movement of the toe, straight on the inner (great toe) side, wide enough in the forepart to allow free movement of the toes, with a good heel grip, a supple sole and a firm shank (between the heel and sole) : they should watch their children's shoes to make sure that the children are not growing out of them. Shrunk socks and over-darned socks are another considerable cause of trouble. Of all things, the most important to remember is that a shoe that's a bit too short is a lot too short.

Child guidance and speech therapy are both important. It is more important to speak well than to write well ; it is more important to be well adjusted emotionally than to be clever. More cases were investigated, but less treated at the Child Guidance Clinic than in the previous year. It is time consuming work. The interval between referral and investigation (which has usually some therapeutic value) now averages six months and the average interval between investigation and treatment is a further six months. Very little care of pre-school children is afforded, and yet that is the time when much maladjustment begins. The care of these emotionally upset children is not only significant to them, but to their families and to the community at large, for the real misfit is not only unhappy himself, he is an irritant in society. I hope it will be possible to increase the sessions available for medical investigation and treatment.

Audiometry has been commenced and will be increasingly applied in the future.

The help of the teachers has been invaluable : the heads of the schools have all been most co-operative, and that is a *sine qua non* to the success of our work. The parents, too, have been appreciative, and their interest in their children is the great possible driving force for good. I must thank the staff, in particular, Dr. J. Smith, for their devotion to their work, which, over the years, proves rewarding. The Senior Dental Officer (Mr. C. A. Reynolds) left in November to take up a similar appointment in Leicester ; he had been an officer of the Council for 14 years and his kindness and devotion to the children were well-known and much appreciated in the City. To you, Mr. Chairman, Ladies and Gentlemen, I must express my sincere appreciation of your helpfulness and real understanding, and obvious devotion to the children—the real wealth and potential greatness of the City.

I am, -

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE.

(as constituted on 31st December, 1952).

Chairman—

Alderman VINCENT THOMPSON, O.B.E.

Deputy Chairman—

Councillor W. G. DAW.

Committee—

The R.W. The Mayor—

(R. WAYLAND SMITH, ESQ.)

The Sheriff—

(COUNCILLOR A. H. ROBERTS)

Alderman W. T. Slader, J.P.	Councillor Mrs. Nichols.
Councillor H. T. Ackroyd.	Councillor A. S. Powley.
Councillor H. T. Bishop.	Councillor N. S. Ruddick.
Councillor P. F. Brooks.	Councillor E. Russell.
Councillor J. Coombes.	Councillor J. H. Speller.
Councillor W. A. Cox.	Councillor P. A. Spoerer.
Councillor D. B. Crosse.	Councillor J. G. Warne.
Councillor W. J. Hallett.	Councillor A. S. Webber.
Councillor R. Howard.	Councillor S. W. Woodcock.

Co-opted Members—

Miss D. M. Bradbeer.	Miss S. Y. Mathias.
Miss K. M. Bulleid.	Mr. A. E. Nichols, C.B.E., M.C.,
Rev. Preb. R. L. Collins.	M.A.
Mr. J. J. L. Gore, B.Sc.	Mrs. M. D. L. Purton.
Mrs. R. M. A. Hodge.	Miss F. M. Ragg, B.A.

G. A. TUE, M.A.
Director of Education.

E. D. IRVINE, M.D., M.R.C.S., D.P.H.
School Medical Officer.

STAFF OF THE SCHOOL HEALTH DEPARTMENT.

School Medical Officer and Medical Officer of Health	EDWARD D. IRVINE, M.D., M.R.C.S., L.R.C.P., D.P.H. (LIV.)
Senior Asst. School Medical Officer	JESSIE SMITH, M.B., CH.B., D.P.H. (LEEDS).
Asst. Sch. Medical Officers	JAMES H. WHITTLES, T.D., M.D., B.SC., M.R.C.S., L.R.C.P., D.P.H. (LOND.), (also Deputy Medical Officer of Health).
	IRIS V. I. WARD, M.D., M.R.C.S., L.R.C.P., D.C.H. (LOND.)
Senior Dental Officer ..	CLIFFORD A. REYNOLDS, L.D.S., R.C.S., (ENG.), (Resigned 8.11.52).
Assistant Dental Officers ..	MARTIN RADFORD, B.A., L.D.S., R.C.S., (ENG.)
	JOHN B. W. EDWARDS, B.CH.D., L.D.S., (LEEDS), (Appointed 1.4.52)
Child Guidance Centre ..	HARDY S. GAUSSEN, M.R.C.S., L.R.C.P., Psy- chiatrist (part-time).
	MRS. E. LEWIS, M.A., (OXON.), Educational Psychologist.
	MISS K. HUNT, B.A., (LEEDS), Psychiatric Social Worker.
Speech Therapist	MISS E. A. R. WALLACE, L.C.S.T.
Superintendent Sch. Nurse	MISS M. M. FOY (also Sup. Health Visitor), (Resigned 31.8.52).
	MISS A. C. ATKINSON, (also Sup. Health Visitor), (Appointed 1.9.52).
School Nurses	MISS A. E. EDDS.
(Also Health Visitors)	MISS N. E. SMITH.
	MISS M. A. GRIMM, (Resigned 2.4.52).
	MISS L. E. WATHEN.
	MISS M. L. BARRETT.
	MISS G. M. BASTOW.
	MISS M. A. S. CLARKE.
	MISS R. P. COOPER (Appointed 1.5.52).
	MISS P. J. WAKEFIELD, (Appointed 1.9.52).
	MRS. E. STANNARD, (part-time, temporary).
Temporary School Nurses	MRS. D. M. WAKELY, (part-time).
	MRS. K. A. ATKINS, (part-time).
Clinic Nurses	MRS. T. S. TILLER, (part-time, temporary).
	MRS. M. A. McNAMARA, (part-time, temporary).
	MRS. E. PYLE, (part-time, temporary).
Dental Attendants ..	MISS E. I. ROSE.
	MISS A. M. SNOWDEN.
	MISS P. M. JONES, (Appointed 16.4.52).
Clerks	MR. W. H. STAMP, Clerk in charge.
	MISS M. E. SHERE, Senior Asst. Clerk.
	MISS S. M. TUCKER, Assistant Clerk.
	MISS J. SHERE, Junior Clerk.
	MISS W. G. SHEARS, (Child Guidance Centre).
	*(Resigned 1.11.52)
	MRS. P. I. GOSS, " " "
	(Appointed 1.11.52)
	MISS M. A. FENWICK, (Dental).

STATISTICS AND GENERAL INFORMATION.

POPULATION OF CITY	....	....	....	76,200
POPULATION (CITY) BETWEEN 5 AND 15 YEARS				10,704
POPULATION OF MAINTAINED SCHOOLS AS AT 3RD NOVEMBER, 1952	....	....	....	9,272
NUMBER OF SCHOOLS	....	....	....	33

PUPILS			SCHOOLS	
Boys	Girls	Total	Department	Number
23	17	40	Nursery	1
1,383	1,291	2,674	Infants	15
1,688	1,418	3,106	Junior	15
1,111	1,138	2,249	Secondary Modern	8
239	—	239	Secondary Technical	1
470	476	946	Secondary Grammar	2
10	8	18	Hospital Special School (Honeylands)	1
4,924	4,348	9,272	TOTALS	43

Those schools having both infants and juniors have been counted as having two departments.

SCHOOL BUILDINGS.

I am indebted to the City Architect (Mr. H. B. Rowe) for the following notes on work carried out by his department in the schools during the year 1952.

(a) School Meals Service.

A kitchen and dining room was completed and brought into use at the new Priory Secondary Modern Girls' School.

A kitchen and dining room was completed and brought into use at the new Countess Wear Junior Mixed School.

The kitchen at Paul Street was closed and the kitchen apparatus transferred to various other school meals kitchens in the City.

The kitchen and dining rooms at Ladysmith Schools were re-decorated internally.

The scullery and dining room at St. Thomas Secondary Modern Girls' School were re-decorated internally.

(b) Alterations.

Electric lighting and new heating stoves were installed at St. Mary Arches Infants' School.

Improvements were carried out to the lighting installations at Ladysmith Junior Mixed School.

The lavatory accommodation at Exwick Junior Mixed and Infants' School was re-modelled.

Improvements were carried out to the flushing apparatus in the infant boys' lavatories at Holloway Street Junior Girls' and Infants' School.

A large window was added in one classroom at St. David's Junior Mixed School, thus increasing the natural lighting.

New wood block flooring was laid in two classrooms at Ladysmith Junior Mixed School, and alterations were made to the drainage system.

The roof of the Housecraft Centre at Bull Meadow was re-tiled and the premises painted externally.

(c) Internal Decorations.

1. Major decorations were carried out at the following schools :-

Bradley Rowe Junior Girls'.

Bradley Rowe Junior Boys'.

Whipton Infants'.

Ladysmith Secondary Modern Boys'.

Hele's School.

Bishop Blackall School.

Holloway Street Junior Girls' and Infants'.

2. Internal decorations were also carried out at eight other schools or properties controlled by the Education Committee.

MEDICAL INSPECTION AND TREATMENT.

Inspections.

In a total school population of 9,272, the periodic medical examinations numbered 3,771 and other medical examinations 5,296. A parent was present at 4,189 (45%) of these examina-

tions. 925 children, (approximately 1 in 4 of those examined) at the periodic inspections were found to require treatment for some defect other than dental disease or verminous conditions.

The estimate of "general condition" (made by different medical officers from those concerned in 1951) again showed a slight improvement, 97% being regarded as satisfactory compared with 94% in 1951 and 92% in 1950.

233, (one in 16 of the children examined) required treatment for defective vision.

47 children (1 in 148 of those examined) were found to have otitis media (running ears) 13 were referred for treatment, the remaining 34 cases being kept under observation. 201 children were referred for ear, nose and throat defect treatment; whilst 563 children are being kept under observation for the same reasons, a considerable increase on last years' figures.

	No. of children med. examd.	1951				No. of children med. examd.	1952			
		SQUINT		OTITIS MEDIA			SQUINT		OTITIS MEDIA	
		*T	**O	*T	**O		*T	**O	*T	**O
Entrants ...	671	5	7	2	4	1,360	10	33	3	17
2nd Age Group ...	408	1	4	—	—	801	2	4	—	2
3rd Age Group ...	676	1	1	2	1	692	2	1	—	4
Other Periodics ...	746	—	2	2	2	918	7	15	2	6
Specials ...	2,281	1	—	9	—	3,207	1	7	8	5
TOTAL ...	4,790	8	11	15	7	6,978	25	60	13	34

*Referred for Treatment

**Referred for Observation

It has been suggested that squint and otitis media are more common now than in the recent past; our figures are too small to draw any useful inference, and there has also been a change in the doctors carrying out the periodic medical inspections.

Further details are given in Table II at the end of this report.

Treatment.

The location of the school clinics and the attendances are as follows :—

Minor Ailments.	1950	1951	1952
Central Clinic, 1A Southernhay West ...	5,034	5,509	4,406
Western Clinic, Buddle Lane Community Centre, Merrivale Road ...	3,099	2,655	2,479
Eastern Clinic, Burnthouse Lane Community Centre, Shakespeare Road ...	3,711	3,663	3,478
Northern Clinic, Hill Lane, Whipton ...	—	1,620	1,370
TOTALS	11,844	13,447	11,733
Dental Clinic, 1A Southernhay West ...	5,983	6,428	8,316

The central school clinic and dental clinic are open all the year round. The branch clinics are open during the school terms. The senior assistant school medical officer examines children during 3 sessions weekly in the central clinic, and an assistant school medical officer attends the two major branch clinics once a week. The medical officers examine the children with the more serious minor ailments including those with injuries, ear, nose and throat cases and septic cases, at the outset, subsequently as necessary, and on discharge. Since April 1952, the treatment of minor ailments in the northern area has been carried out daily in the room used for medical inspections in the Wighton Infants' School. The children seem to suffer less from minor ailments than formerly and free treatment under the National Health Service has had its effect on attendances which have declined.

TABLE SHOWING THE INCIDENCE OF "MINOR AILMENTS" DURING 1952.

DEFECT	Central	Eastern	Western	Northern	Grand Total
Ringworm : Scalp	—	—	—	—	—
Body	2	—	—	—	2
Eye Defects (incl. visual errors)	69	49	30	43	191
Ear Defects (wax, otorrhoea etc.)	275	83	76	46	480
Nose and Throat Defects	61	9	13	22	108
Impetigo	1	5	6	1	13
Warts : Plantar	20	5	8	2	35
Other	81	45	50	54	230
Other Skin Diseases	170	12	27	35	274
Miscellaneous (minor injuries etc.)	398	313	210	153	1,074
Total number of individual children	1,080	551	420	356	2,407
Total number of attendances	1,406	3,478	2,479	1,370	11,733

When a child has been treated at the one time for more than one defect, the more important has been listed.

HEIGHTS AND WEIGHTS.

BOYS' HEIGHTS

BOARD OF EDUCATION STANDARD (1928)				EXETER BOYS (1952)		
Age		Height in inches		Age	Number exam- ined	Average height in inches
5.	(4½-5½) yrs.	44.4		5.	(5-6) yrs.	45.2
6.	(5½-6½) yrs.	48.0				
7.	(6½-7½) yrs.	45.4				
8.	(7½-8½) yrs.	47.8		8.	(8-9) yrs.	50.0
9.	(8½-9½) yrs.	49.2				
10.	(9½-10½) yrs.	51.3				
11.	(10½-11½) yrs.	52.7		11.	(11-12) yrs.	56.2
13.	(12½-13½) yrs.	56.2				
14.	(13½-14½) yrs.	58.0		14.	(14-15) yrs.	62.6
				15.	(15-16) yrs.	66.0
				17.	(17-18) yrs.	68.4

BOYS' WEIGHTS

BOARD OF EDUCATION STANDARD (1928)				EXETER BOYS (1952)		
Age		Weight in pounds	Age		Number exam- ined	Average weight in pounds
5.	(4½-5½) yrs.	38.7	5.	(5-6) yrs.	757	44.2
6.	(5½-6½) yrs.	41.3				
7.	(6½-7½) yrs.	45.4	8.	(8-9) yrs.	409	59.3
8.	(7½-8½) yrs.	51.0				
9.	(8½-9½) yrs.	54.8	11.	(11-12) yrs.	151	80.8
10.	(9½-10½) yrs.	59.6				
11.	(10½-11½) yrs.	64.6	11.	(11-12) yrs.	151	80.8
13.	(12½-13½) yrs.	76.5	11.	(11-12) yrs.	151	80.8
14.	(13½-14½) yrs.	86.1	11.	(11-12) yrs.	151	80.8
			15.	(15-16) yrs.	128	128.3
			17.	(17-18) yrs.	49	146.6

GIRLS' HEIGHTS

BOARD OF EDUCATION STANDARD (1928)				EXETER GIRLS (1952)		
Age		Height in inches	Age		Number exam- ined	Average height in inches
5.	(4½-5½) yrs.	41.1	5.	(5-6) yrs.	594	42.7
6.	(5½-6½) yrs.	42.8				
7.	(6½-7½) yrs.	45.1	8.	(8-9) yrs.	285	49.7
8.	(7½-8½) yrs.	47.5				
9.	(8½-9½) yrs.	48.9	11.	(11-12) yrs.	349	56.7
10.	(9½-10½) yrs.	51.2				
11.	(10½-11½) yrs.	52.8	11.	(11-12) yrs.	349	56.7
13.	(12½-13½) yrs.	56.9	11.	(11-12) yrs.	349	56.7
14.	(13½-14½) yrs.	58.9	11.	(11-12) yrs.	349	56.7
			15.	(15-16) yrs.	96	63.1
			17.	(17-18) yrs.	24	63.8

GIRLS' WEIGHTS

BOARD OF EDUCATION STANDARD (1928)				EXETER GIRLS (1952)		
Age		Weight in pounds	Age		Number exam- ined	Average weight in pounds
5.	(4½-5½) yrs.	37.5	5.	(5-6) yrs.	590	42.7
6.	(5½-6½) yrs.	40.1				
7.	(6½-7½) yrs.	44.1	8.	(8-9) yrs.	285	58.0
8.	(7½-8½) yrs.	49.4				
9.	(8½-9½) yrs.	52.6	11.	(11-12) yrs.	343	78.9
10.	(9½-10½) yrs.	59.8				
11.	(10½-11½) yrs.	63.9	11.	(11-12) yrs.	343	78.9
13.	(12½-13½) yrs.	79.0	11.	(11-12) yrs.	343	78.9
14.	(13½-14½) yrs.	88.2	11.	(11-12) yrs.	343	78.9
			15.	(15-16) yrs.	90	115.3
			17.	(17-18) yrs.	23	123.1

The Board of Education Standard (prepared in 1928) is now out of date, as will be readily seen from the tables, but it is the only national standard available. The improvement of children's physique has been very striking since then; the averages in 1952 are very much the same as in 1951.

Cleanliness Examinations in schools are carried out once a term by the nurses together with the necessary following up visits. Boys in the secondary modern schools were examined once during the year. In 1952, for the first time, the boys and girls in the grammar schools and technical schools were also examined once with the necessary following-up visits.

The total number of children in the schools was 9,272. The total number of examinations was 22,692. The number of individual children found to have nits or vermin in the hair at these examinations was 263 (221 girls and 42 boys) giving an overall rate of 2.8% (5% among the girls and .85% among the boys). This is a further improvement on the 1951 findings (298 children). The same nurses carried out the examinations in both years and maintained the same standard, a single nit being recorded as making the child's head unclean. "Sacker" combs are available on loan and for sale at reduced prices; supplies of preparations containing modern insecticides are provided free of charge. No compulsory cleansing was carried out under Section 54(3) of the Education Act, 1944. No prosecutions were undertaken.

In the boys' secondary modern and grammar schools only 3 boys in 1,820 examined were found to have nits. In view of this I have decided to discontinue routine examinations of these boys. Where it is known the children have previously been frequently verminous they will be followed up individually in their new schools.

**TABLE SHOWING INDIVIDUAL CASES OF
UNCLEAN HEADS IN AGE GROUPS.**

<i>Age</i> (at 31-12-52)	<i>Heads found unclean</i>	
	<i>Boys</i>	<i>Girls</i>
Under 5	2	3
5	3	10
6	4	19
7	5	19
8	7	21
9	6	19
10	9	36
11	5	20
12	—	29
13	—	21
14	1	16
15	—	8
TOTAL	42	221

TOTAL 263 = 2.8% of all school children.

Vision.

There is close and satisfactory co-operation between the department and the West of England Eye Infirmary.

939 children were referred by the school medical officers to the hospital eye service for refraction: these included 336 referred for the first time. The standard for reference is visual acuity of 6/12 or worse in either eye without glasses, poor near vision or symptoms suggestive of eye strain. There is now no delay in securing glasses for school children.

We know that of 691 children, who were noted during the year as having obtained glasses since the previous year's medical examinations, only 8 obtained them outside the arrangements made by this department in conjunction with the Eye Infirmary. Therefore very few children can have obtained them directly by prescriptions from ophthalmic opticians.

Vision examination of six year old children.

Vision tests were carried out on 922 six year old children, at 13 schools. 167 children (84 boys and 83 girls) were found to have defective vision with 6/12 in either eye or worse.

72 of them were detected for the first time (36 boys and 36 girls) and were referred for further examination at the West of England Eye Infirmary. Of these 30 boys and 27 girls had glasses prescribed, 7 girls did not attend and 8 (6 boys and 2 girls) had no glasses prescribed; this proves the usefulness of this work. The remaining 95 (48 boys and 47 girls) are being kept under observation.

Operative treatment for adenoids and chronic tonsillitis.

During the year 168 children had their adenoids and/or tonsils removed, i.e., 1.8% of the school child population. I understand all the tonsillectomies are by "dissection."

Year	No. of Operations	School Population	Operations per 100 Children
1952	168	9,272	1.8
1951	213	8,930	2.4
1950	269	8,593	3.1
1949	175	8,315	2.1
1948	366	8,279	4.4
1947	264	8,098	3.3

The admission of children to the City Hospital for tonsils and/or adenoid operation ceased on 29.9.52 on account of structural alterations to the hospital. It is anticipated these alterations will be completed by 31st March, 1953. A small number of children had operative treatment for ear, nose and throat conditions at the Royal Devon & Exeter Hospital. The number of school children known to the department as awaiting tonsil and/or adenoid operation on 31.12.52, was 54 (29 boys and 25 girls).

Otorrhoea.

During the year 32 children attended school clinics alleged to have running ears ; of these 21 were diagnosed as suppurative otitis media ; 9 of these children had it for the first time, the remaining 12 being recurrent cases. In 5 of the cases the housing and/or home conditions were considered to be poor ; 2 of the 9 new cases and 7 of the 12 recurring cases had had their tonsils and/or adenoids removed.

Audiometry.

During the year an Amplivox Model 70 Audiometer was purchased and is proving of value in the testing of individual children suspected to have defective hearing. During 1953 it is hoped that all children in the schools suspected to have defective hearing will be tested.

Vaccination.

The number of children vaccinated is higher than one would have expected and surprisingly enough it is in the youngest age group the proportion is highest. 57% of all school children examined by complete medical examination during the year were found to be vaccinated : in all cases recorded as vaccinated, a satisfactory scar was observed.

DEATHS.

During the year 1952, 8 children of school age, i.e. between 5 and 15, died. The death rate is, therefore, approximately .86 per thousand compared with a rate for the country as a whole of approximately .66 (1951) in this age group.

The causes of death were :—

Accidental—

- (a) drowning (2)—boys aged 6 years and 10 years.
- (b) spinal injury during physical training (1)—boy aged 14 years.
- (c) injury due to handling a live bomb (1)—boy aged 15 years.

Malignant Disease (1)—girl aged 6 years.

Whooping Cough (1)—girl aged 5 years.

Rheumatic Heart Disease (1)—girl aged 8 years.

Vagal Inhibition (1)—girl aged 5 years.

VACCINATION STATE AS OBSERVED DURING COMPLETE EXAMINATIONS IN 1952.

	Entrants			Second Age Group			Third Age Group			Other Periodic			Special				
	Yes	No	Not known	Yes	No	Not known	Yes	No	Not known	Yes	No	Not known	Yes	No	Not known		
Medical Inspection	793	453	41	351	336	88	290	303	66	490	376	41	452	393	57		
Central Clinic	48	19	6	15	9	2	20	10	3	6	4	1	22	7	3		
TOTALS	841	472	47	366	345	90	310	313	69	496	380	42	474	400	60		
			1,360			801			692			918			934		
4,705																	
Total Vaccinated																	
Total Not Vaccinated																	
Total Not Known																	
TOTAL																	
4,705																	

REPORT OF THE ACTING SENIOR DENTAL OFFICER.

(Mr. M. Radford).

During the year 1952 there have been changes in the staff of the Dental Department. Mr. J. B. W. Edwards, third dental officer, and Miss Jones, dental attendant, took up their appointments in April. Mr. C. A. Reynolds, the senior dental officer, resigned to take up a similar appointment at Leicester, and left on the 8th November. Mr. W. Crofts Arkle his successor took up duties as senior dental officer on the 15th January, 1953.

Whipton Dental Clinic.

The dental clinic at Whipton was put into operation from April to November, i.e. while we had three dentists.

This is a well-equipped clinic, situated in the grounds of the Whipton Infants' School, and not far distant from the Summerway Primary Mixed; it is conveniently placed especially in regard to these two schools, a circumstance which was greatly appreciated by the parents attending this clinic with their children.

Dental Inspection.

It was impossible for the staff to treat all among 9,272 children due for their annual inspection who would be found to require treatment and consequently examination was confined to such a number as would provide the cases who could in fact be treated! 4,178 children were examined at routine dental inspections in schools, 2,051 were referred for treatment at the clinic—just under 50% of those examined. Parents were encouraged to bring their children to the dental clinic as "special" cases when either urgent treatment or advice was required.

The number of "special" cases has again increased with a proportionate increase in the number of inspection sessions.

Of the 137 inspection sessions the equivalent of 78 was devoted to "specials" averaging about 26 per session: this has been referred to in previous reports.

Of 883 permanent teeth extracted 161 were removed for orthodontic reasons, either because they were misplaced or to

prevent overcrowding. The ratio of fillings in permanent teeth 2,670 to carious teeth extracted 722 is 3.68 fillings to 1 extraction, a slight improvement on the previous year. Extractions are mostly carried out under general anaesthesia, either nitrous oxide or vinyl ether. Local anaesthetics were used in 135 cases; general anaesthetics were employed in 1,666 cases.

The services of Dr. J. Smith, Dr. I. V. Ward, Dr. J. H. Whittles and Dr. B. Hinde as anaesthetists were appreciated both by the staff and the patients.

Twenty six dentures to replace front teeth were fitted.

Scaling was carried out in 185 cases.

Orthodontia.

The dental officers devote one session each week to orthodontic work, so that for part of the year three sessions a week were being held. In the course of the year 64 appliances were fitted to correct irregularities, and a total of 88 children were receiving orthodontic treatment. It is felt that provided the strength of the dental department could be maintained at three dental officers, the number of children receiving orthodontic treatment could be increased.

X-rays.

The new Kingsway Dental X-ray unit which came into operation during 1951 was used to take X-rays for 60 children during the year.

Administration.

In September, Dr. Wynne of the Ministry of Education visited the department. Certain modifications in the administration were arranged with the object of securing, if possible, an annual inspection and treatment of all children. When the dental service is stretched beyond its capacity it becomes necessary to limit offers of treatment to those children who are likely to benefit from it, to reduce conservation work when it is unlikely to be useful in the long run, and to reduce substantially the time devoted to "casual cases." By this means the greatest number possible of the children will get useful results, and it is felt that

within a reasonable period of time, the number requiring extensive dental care will be reduced to manageable proportions and that conservation, with the probability of saving teeth for many years, can be extended. In Exeter, there is a considerable leeway to make up, as has been indicated in previous recent reports.

New entrants in school will in future be inspected in the course of the annual inspection at that school and not as previously almost as soon as they arrive, which, although in accordance with the regulations, has involved three visits per year to every infant school, somewhat of a luxury when dental manpower is short.

Unfortunately, the early departure of the senior dental officer after these arrangements were made has once again put back the service, temporarily, and the full results of the new policy can hardly be counted until we have had a year's working with three dental officers.

During 1952, the Education Committee agreed in principle, that a fourth dentist on the staff was necessary to give an adequate service to the school children and efforts will be made during 1953 to secure suitable premises with a view to extending the work.

**Age Distribution of Children Inspected and Referred,
and of Children treated (including "Specials.")**

Age in years.	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected in schools ...	621	837	268	215	249	247	259	343	369	363	299	51	25	24	4,173
No. referred for treatment ...	293	110	111	111	152	137	112	151	161	180	150	36	4	13	2,051
No. treated inclg. 'Special'* cases ...	93	231	225	227	312	300	352	279	301	305	175	25	4	8	2,837

*Number of "Special" Examinations (i.e., "Casuals") = 2,055
(See also Table V, page 38.)

HANDICAPPED PUPILS.

Educationally Subnormal.

During the year 86 children (49 boys and 37 girls) were examined regarding their educational attainments under Section 34 of the Education Act, 1944. Of these, 40 boys and 31 girls were classified as educationally subnormal and the following recommendations were made and approved by the Education Committee.

	Boys	Girls
Special education in an ordinary school	18	10
Special education in a day school	17	18
Special education in a residential school	5	3
Notified to Mental Health Sub-Committee for statutory supervision on leaving school	---	---
	<hr/> 40	<hr/> 31

During the year 3 children (1 boy and 2 girls) including 1 of the above were admitted to residential schools for educationally subnormal children. The recommendations made are based on what is desirable, and not what is practicable in Exeter. This is right, because otherwise we should never know what the needs of the City are. Residential care has usually been advised because of severely adverse home circumstances.

The Courtenay Special School for educationally subnormal children at Starcross, Devon, is to close by the 31st March, 1953, one boy from Exeter will be transferred to a residential special school in the County. It is quite impossible to get the children who should be in such schools admitted : it is a serious position.

In addition 8 children (3 boys and 5 girls) were examined and classified as ineducable and were permanently excluded from school under Section 57 (3) of the Education Act, 1944. Eighteen children (8 boys and 10 girls) who had been previously classified as educationally subnormal were re-examined on approaching school-leaving age ; 7 of these (3 boys and 4 girls) were reported under Section 57 (5) of the Education Act, 1944, to the Mental Health Sub-Committee as likely to require statutory supervision on leaving school.

A report on the problem of educationally sub-normal children in the city was prepared in 1952 and submitted early in 1953 to the Special Services Sub-Committee which has accepted it. It is printed as an appendix.

**TABLE SHEWING THE NUMBER OF HANDICAPPED
PUPILS IN SPECIAL SCHOOLS OR HOMES AS AT
1st DECEMBER, 1952.**

DISABILITY	Total No. of children classified as handi- capped as at 1-12-52.	SPECIAL SCHOOL OR HOME	RESID.		NON RESID.		Total No. of children attending Special Schools or Homes	Total No. of children awaiting admission to Special Schools or Homes
			B.	G.	B.	G.		
BLIND	3	Royal School of Industry for the Blind, Bristol ...	—	1	—	—	1	}
		Swiss Cottage Blind Sch., Dorton Hse., Nr. Ayles- bury	1	—	—	—	1	
		Sunshine Home, Abbots- kerswell	1	—	—	—	1	
PARTIALLY SIGHTED	15	West of England School for the Partially Sighted, Exeter	1	1	1	6	15	—
DEAF	3	Royal West of England School for the Deaf, Exeter	—	—	3	—	3	—
PARTIALLY DEAF	6	Royal West of England School for the Deaf, Exeter	—	—	6	—	6	—
PHYSICALLY HANDICAPPED	35	Lord Mayor, Treloar Col- lege, Alton, Hants ...	1	—	—	—	3	}
		Heritage Craft School, Chailey, Sussex ...	1	—	—	—		
		St. Loyes College, Exeter	—	—	1	—		
EPILEPTIC	Nil.							
EDUCA- TIONALLY SUBNORMAL	161	Royal Western Counties Institution, Courtenay Special School, Star- cross, Devon	1	—	—	—	8	}
		Bradfield Special School, Devon	1	—	—	—		
		Besford Court Special School, Worcester ...	2	—	—	—		
		Rudolf Steiner School, Aberdeen, Scotland ...	—	1	—	—		
		Falbot Road Day Special School, Middlesex ...	—	—	—	1		
		Withycombe Hse. Special Sch., Exmouth, Devon	—	2	—	—		
DELICATE	70		—	—	—	—	—	—
MALADJUSTED	122	Edgemount Sch., Peters- field, Hants	1	—	—	—	3	}
		Alresford Place School, Hants	1	—	—	—		
		Mooraway House, Man- aton, Devon	—	1	—	—		
TOTAL.	115		13	6	15	7	11	56

PHYSICALLY HANDICAPPED CHILDREN

There are 35 physically handicapped pupils known to the department. Their age grouping, sex distribution, mode of education and ability to play games and take part in ordinary physical exercises are set out in the table. The difficulty of securing places for some of these children who should be in a special school is very great. Two of them in ordinary schools would be better in special schools.

	SEX		AGE GROUP			EDUCATION					Able to take P.T. and Games	
	Boys	Girls	Inf.	Jnr.	Snr.	In Hospital School	In Special School	In Training College	In Ordinary School	At Home (Tuition)	Mod.	Nil.
1. Cerebral Palsy ...	3	5	2	4	2	2†	1*	—	4	1	3	5
2. Heart : Congenital	6	1	2	3	2	—	—	—	6‡	1	1	6
Rheumatic	—	2	—	1	1	—	—	—	2	—	1	1
Congenital & Rheumatic	—	2	—	—	2	—	—	—	2	—	—	2
3. T.B. Joints ...	2	2	1	2	1	2	—	1	1	—	1	3
4. Poliomyelitis Sequelae ...	2	1	—	1	2	—	—	—	3	—	1	2
5. Other Congenital Defects ...	1	2	—	1	2	—	—	1	1	1	1	2
6. Others ...	3	3	1	3	2	1	1	1	2	1	2	4
TOTAL ...	17	18	6	15	14	5	2	3	21	4	10	25

Three of the above cases have other defects : *1 girl also partially sighted and attends School for Partially Sighted Children as a day pupil ; †1 boy also delicate ; ‡1 boy also major epilepsy.

EPILEPTICS.

There are 4 boys and 8 girls who are known epileptics attending ordinary schools in the city.

Sex	Total	5-7	7-11	11-15	EPILEPSY			Has been in special school	Rec. for special school	Have had hospital investu.	Satisfactory medication
					Minor	Major	Both minor and major				
Boys	4	2	2	—	1	3	—	—	—	4	4
Girls	8	2	5	1	2	4	2	1	—	8	8

Included in the above table are 2 cases suffering from other defects (1 boy congenital heart disease and 1 girl cerebral palsy).

I.Q.						
			60-70	70-85	85-100	Not reported to be retarded
Boys	...	...	1	—	—	3
Girls	...	...	3	—	2	3

Excluded from school ... none.
In special schools ... none.

Home Tuition.

Home tuition was arranged by the Authority for four children :—

1 (girl) spina bifida ; 1 (girl) congenital deformities ;
1 (boy) congenital heart disease ; 1 (boy) spastic diplegia.

Transport.

During 1952, three children were allowed daily transport to school—for one girl (a case of spastic paralysis) during the winter months only to the West of England School for the Partially Sighted ; for one boy (following operative treatment for structural scoliosis) for one term to Hele's School ; for one boy (congenital deformities) to St. Loyes College.

Further Education.

During the year, 62 students (girls) from the Central Technical College were medically examined (45 had complete examinations and 17 had re-examinations) ; 25 were found to require treatment.

Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession Ministry of Education Circular 249.

In accordance with the instructions contained in the above Circular, 43 students (27 women and 16 men) and 3 teachers (2 women and 1 man) had complete medical examinations with radiographic examinations during the year regarding their fitness for the teaching profession. This is quite a substantial addition to the work of the department.

CHILD GUIDANCE CENTRE.

(Report of Dr. H. S. Gaussen, Psychiatrist in charge of the Centre).

In the Autumn of 1952, the Child Guidance Team (Mrs. Lewis, Miss Hunt and myself), completed 5 years of working together in the City. I feel sure that this continuity of team work and the confidence which it inspires are greatly to the benefit of the children we help. At the end of the year, we were sorry to lose Miss W. Shears (our able clerk throughout the 5 years), who left to join the Staff of Exeter Council of Social Service.

The lapse of 5 years has enabled us to keep in touch with some families and children over most of the time. It has shown us how necessary it is to do so over a prolonged period ; but it has meant an increase in case load.

In 1952, 84 cases were investigated. There were 31 girls and 53 boys. The disparity must be due to the strain being less on girls in school years, and it seems likely that maladjustment is not so easily recognized in girls. An instance is the very good girl who is not seen to be in difficulties until adolescence. Only 2 children under 5 years of age were referred.

I append a list, on last year's lines, of medical diagnoses :—

	<i>Cases</i>
Psychoneurosis—Anxiety states	28
„ Hysteria	3
„ Obsessional	2
Psychopathic personalities	7
Mental dullness	8
Emotional retardation	21
Pre-psychotic conditions	2
Child not seen ; contact with parents only ..	8
Delinquent, or not included above	5
	<hr/> 84 <hr/>

It is interesting that 17 out of 84 cases investigated should have stealing or showing other delinquent propensities as the reason for referral. The anti-social act was the symptom but in all cases the child had other signs of disturbance and was seriously maladjusted.

We have again classified the home conditions and cannot but conclude that there is a causal connection between the abnormal home conditions and the child's behaviour :—

	<i>Cases</i>
Living with foster parents	5
Living in children's homes	3
Adopted	2
Broken homes (parents separated or divorced)	5
(One parent dead)	6
(One away in Army or Hospital)	4
Illegitimate	5
Living with step-father/mother	12
Severe family strife at home	2
	<hr/>
	44
	<hr/>

96 children received treatment during the year whilst 36 are awaiting treatment. The number of those referred but not yet investigated was 15.

We are asked, often, if we see parents as well as children. It is most necessary that we do so and a large part of our work is in the education of the parents. We find this effort is appreciated and that the public are grateful for our interest and support. This work with parents cannot be hurried—it is sometimes only after several hours that one will get to the real root of the trouble.

67 cases were closed during the year—4 more than last year. They were classified as follows :—

	<i>Cases</i>
Much improved	3
Improved	18
Some improvement	13
Left City	20
Diagnostic interviews only	2
No change	—
Child said by parents to have improved so much that investigation was not necessary	7
Parents unwilling for child to attend for investigation	1
Considered unsuitable for treatment	3
	<hr/>
	67
	<hr/>

The Child Guidance Centre has kept in close touch with the schools through Mrs. Lewis's work with the teachers.

It has also kept in touch with the Child Guidance teams in other areas. It is surprising to note the movement of families about the County, and how often the results of our investigations in Exeter are needed elsewhere, or we get help from others for a problem child newly arrived in the City.

SPEECH THERAPY.

(Report by Miss E. A. R. Wallace, L.C.S.T.)

During the year 1952 there have been two improvements in the speech therapy facilities in the City ; first, the speech therapist now has the use of two rooms in the Cowick Street Community Centre on Tuesday afternoons covering the St. Thomas area, instead of the John Stocker centre which served only the Junior Boys' School ; secondly, lock-up cupboards have been obtained for three of the centres so that it will now be possible to increase the equipment in these centres.

The centres are now as follows :—

Alice Vlieland Welfare Centre, Bullmeadow Rd.	Monday	a.m.
Ladysmith School—Senior Dining Room	....	„ p.m.
Merrivale Road Community Centre	....	Tuesday a.m.
Cowick Street Community Centre	....	„ p.m.
St. Paul's Church Hall, Burnthouse Lane	....	Wednesday, all day.
Whipton Infants' School	....	Thursday a.m.
Summerway Junior Mixed School	....	„ p.m.
Child Guidance Centre, St. David's Hill	....	Friday, all day.

The number of children admitted for treatment was the same as in 1951. Of the 42 cases admitted in 1952, 24 (8 girls and 16 boys) had some form of lisp (i.e. a defective 's' sound), 12 of these had other defective sounds as well.

There has been an increase in the number of cases investigated ; no treatment was given but the speech difficulty was discussed with the parents and the children were kept under observation.

Following the preliminary survey to ascertain the effects of speech therapy made in 1951, the 2 cases of severe defect which had not responded to speech therapy were further investigated ; one boy who has now left school had only attended the speech clinic for a very short time during 1948, his speech is indistinct but not truly defective and he appears to need elocution rather than speech therapy. The other boy and his mother were interviewed ; the boy's stammer was very slight in the clinic, and his mother said it did not worry him at home, so no further action was taken. (See also the 1951 Report for details).

Recording sessions have continued at the Child Guidance Centre and later recordings have been made of some children and compared with the earlier ones. This work is to be continued and promises interesting results.

Four speech therapy cases (3 of stammering and one of retarded speech development) have been referred to the Child Guidance Centre during the year; another four children were receiving treatment at the Centre at the end of the year—3 of these have been temporarily discharged from speech therapy while having child guidance. All these cases have been discussed with the Child Guidance Team and their help and advice have been most valuable.

The speech therapist attended a clinical conference at Keble College, Oxford, in the Easter holidays which proved most stimulating. Visitors (including three prospective speech therapy students) have been to see the work of the clinic.

Analysis of the cases treated during the year and their progress :—

DEFECT	Having treatment 1-1-52	Admitted	Total No treated	Discharged		Still on List			Remaining under care 31-12-52
				Cured	Left before completing treatment	Improved	Temporarily Discharged	No change	
Stammering ...	40	10	50	16	5	6	13	10	29
Simple Dyslalia* ...	12	12	24	8	5	4	6	1	11
Multiple Dyslalia ...	18	13	31	8	3	8	7	5	20
General Dyslalia ...	12	6	18	4	2	9	1	2	12
Voice Defects ...	2	—	2	1	—	1	—	—	1
Language Defects ...	1	—	1	2	1	1	—	—	1
Cleft Palate Speech	7	1	8	—	1	3	2	2	7
Multiple Defects ...	6	—	6	3	1	—	2	—	2
TOTALS ...	101	42	143	42	18	32	31	20	83

Distribution of cases according to age and sex :—

DEFECT	Total treated.	* PRE-SCHOOL		INFANTS		JUNIOR		SENIOR	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering ...	50	—	—	1	—	21	6	15	47
Simple Dyslalia* ...	24	—	—	3	—	10	6	1	—
Multiple Dyslalia ...	31	2	—	4	2	13	6	1	3
General Dyslalia ...	18	—	—	3	2	11	2	—	—
Voice Defects ...	2	—	—	—	—	—	1	1	—
Language Defects ...	1	1	—	—	—	1	2	—	—
Cleft Palate Speech	8	—	1	1	—	—	3	2	1
Multiple Defects ...	6	—	—	—	—	1	—	2	—
TOTALS ...	143	3	1	12	4	60	26	22	15

*(Dyslalia means articulatory defects).

Total number of sessions during the year ... 345

Total number of attendances during the year ... 1,894

INFECTIOUS DISEASES.

Incidence of certain Infectious Diseases in 1952 in children
(Exeter Residents) 5-15 years of age.

(Corrected for change of diagnosis).

DISEASE	Boys	Girls
Scarlet Fever	88	67
Whooping Cough	32	34
Measles	6	4
Pneumonia	2	—
Dysentery	19	14
Food Poisoning	1	—
Poliomyelitis (Paralytic)	—	1
„ (Non-paralytic)	—	—
Meningococcal Infection	—	—
Diphtheria	—	—
Tuberculosis—Respiratory	7	6
Tuberculosis—Non-Respiratory	2	—
*Winter Vomiting Disease	—	1
*Gastro Enteritis	10	8
*Infective Hepatites	104	87

These figures refer to all children of school age whether in maintained or private schools. There were no serious epidemics in the city in 1952.

*Not notifiable : the figures refer to cases known to the department, mainly by informal notification.

Scabies.

It is satisfactory to be able to report the incidence of scabies continues to be negligible.

YEARLY INCIDENCE OF SCABIES, 1947 - 1952.

Year.	Families.	Cases.	School Population.
1952	4	6	9,272
1951	4	13	8,930
1950	3	4	8,593
1949	8	13	8,315
1948	25	37	8,279
1947	57	125	8,098

TUBERCULOSIS.
SCHOOL CHILDREN SUFFERING FROM TUBERCULOSIS
AS ON REGISTER.

Position 1st January, 1952.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools	13	6	4	1	3	3	1	3	21	13
Children attending a special school	2	3	—	—	1	1	—	—	3	4
Not attending school	—	—	—	—	—	—	—	—	—	—
Children in hospital	—	—	—	—	—	—	—	—	—	—
TOTALS	15	9	4	1	4	4	1	3	24	17

Changes during 1952.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
New notifications during 1952	5	5	—	1	1	—	1	—	7	6
Notified children reach- ing 5 years of age during year	2	—	—	—	—	—	—	—	2	—
TOTALS	7	5	—	1	1	—	1	—	9	6
Cases leaving school dur- ing the year	4	—	—	—	1	1	—	—	5	1
Cases removed from reg- ister	2	1	—	—	1	1	—	2	3	4
TOTALS	6	1	—	—	2	2	—	2	8	5

Position 31st December, 1952.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending main- tained primary and sec- ondary schools	11	5	4	2	2	1	2	1	19	9
Children attending a special school	5	6	—	—	1	1	—	—	6	7
Not attending school	—	—	—	—	—	—	—	—	—	—
Children in hospital	—	2	—	—	—	—	—	—	—	2
TOTALS	16	13	4	2	3	2	2	1	25	18

SCHOOL MEALS AND MILK REPORT, 1952.

I am indebted to the School Meals Organiser (Miss C. Cusworth) for the following report.

The number of children taking meals and milk has remained fairly constant throughout the year. This is shown by figures supplied periodically to the Ministry of Education, copies of which are given below :

Date	MILK		MEALS		
	No. of children taking milk	Percentage of school attendance	Children taking paid meals	Percentage of school attendance	Children having free meals
5/2/52	7,285	89.90	2,873	40.04	364
24/6/52*	7,692	89.28	3,041	39.72	345
28/10/52	7,792	89.22	3,239	40.81	280

The charges for meals have remained the same as since April, 1951, viz., from 7d. to 5d. according to the number of children in the family taking meals.

Meals were free to necessitous children. The number of children eligible for free meals gradually decreased from 361 in January to 241 in December. The reasons were increases in wages for certain categories of workers, an increase in the family allowance early in the year, and an increase in aid granted by the National Assistance Board. The majority of children who had free meals were fatherless.

During the major holidays meals and milk were provided for necessitous children at two centres, Bradley Rowe School and Montgomery School. Attendances were as shown below, a somewhat disappointing response.

Holiday			Number on Register for Free Meals	Average daily attendance	Percentage attendance of those eligible
Easter	....	....	356	148	41.57
Summer	....	....	287	102	35.54
Christmas	....	....	241	77	31.95

Self-contained canteens were opened at two new schools—a kitchen and dining room at The Priory School in January and at Countess Wear Junior Mixed School in April, 1952. As a result, the Education Committee closed Area Kitchen No. 1, Paul Street, on 31st March, 1952. The total number of self-contained canteens in schools is now eight, viz. :—

- (a) Chestnut Avenue Nursery.
- (b) Whipton Infants'.
- (c) Summerway Junior Mixed.
- (d) Countess Wear Junior Mixed.
- (e) The Priory Secondary Modern.
- (f) St. Luke's Secondary Modern.
- (g) Bishop Blackall, and
- (h) Hele's.

All schools without their own kitchens were served by one of the three Area Kitchens (Montgomery, Bradley Rowe, Lady-smith).

In addition meals were provided for the Local Health Authority's Day Nurseries and Occupation Centre. In the preparation of meals, care has been taken to use the full available allowances of rationed commodities ; menus have been well balanced and of a satisfactory nutritional value.

Sample Menus.

- (i) Stewed Steak, Carrots, Potatoes ; Apricot Flan, Custard.
- (ii) Cheese Salad, Mashed Potatoes ; Steamed Currant Roll, Golden Syrup.
- (iii) Grilled Fish, Baked Beans, Mashed Potatoes ; Steamed Apple Pudding, Custard.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (Including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

	1952
Entrants	1,360
Second Age Group	801
Third Age Group	692
TOTAL ...	2,853

Number of other Periodic Inspections ...	918
GRAND TOTAL	3,771

B.—OTHER INSPECTIONS.

Number of Special Inspections	3,207
Number of Re-Inspections	2,089
TOTAL ...	5,296

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspections to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	12	378	306
Second Age Group	75	171	203
Third Age Group	55	146	170
Total (prescribed groups)	142	695	679
Other Periodic Inspections	91	187	246
Grand Total	233	882	925

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1952.

Defect Code No.	Defect or Disease (1)	Periodic Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment (2)	Requiring to be kept under observation but <i>not</i> requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but <i>not</i> requiring Treatment (5)
4	Skin	193	112	396	40
5	Eyes— <i>a.</i> Vision	233	299	305	111
	<i>b.</i> Squint	21	53	4	7
	<i>c.</i> Other	39	22	62	12
6	Ears— <i>a.</i> Hearing	11	128	12	27
	<i>b.</i> Otitis Media	5	29	8	5
	<i>c.</i> Other	253	40	153	16
7	Nose or Throat	121	443	80	120
8	Speech	11	38	19	15
9	Cervical Glands	16	377	4	50
10	Heart and Circulation	24	11	10	12
11	Lungs	12	151	28	27
12	Developmental— <i>a.</i> Hernia	10	29	1	11
	<i>b.</i> Other	11	108	6	39
13	Orthopaedic— <i>a.</i> Posture	8	13	11	11
	<i>b.</i> Flat foot	13	70	1	18
	<i>c.</i> Other	79	301	79	62
14	Nervous System— <i>a.</i> Epilepsy	—	12	3	6
	<i>b.</i> Other	2	43	1	11
15	Psychological— <i>a.</i> Development	2	35	2	10
	<i>b.</i> Stability	5	46	11	28
16	Other	16	81	69	68

**B.—CLASSIFICATION OF THE GENERAL CONDITION
OF PUPILS INSPECTED DURING THE YEAR IN THE
AGE GROUPS.**

Age Groups.	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,360	849	62.42	480	35.30	31	2.28
Second Age Group	801	388	48.44	386	48.19	27	3.37
Third Age Group	692	365	52.75	309	44.65	18	2.60
Other Periodic Inspections	918	513	55.88	376	40.96	29	3.16
TOTAL	3,771	2,115	56.09	1,551	41.13	105	2.78

TABLE III.
INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	22,692
(ii)	Total number of <i>individual</i> pupils found to be infested ..	263
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	28
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE IV.

Group I.—Diseases of the Skin (excluding uncleanness, for which see Table III).

				Number of cases treated or under treatment dur- ing the year	
				By the Authority	Otherwise
Ringworm—	(i) Scalp	....	....	—	—
	(ii) Body	....	....	2	—
Scabies	....	....	....	6	—
Impetigo	....	....	....	13	14
Other skin diseases	....	....	....	274	115
TOTAL				295	129

Group II.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	191	173
Errors of Refraction (including squint)	—	1,012
TOTAL	191	1,185
Number of pupils for whom spectacles were—		
(a) Prescribed	—	868
(b) Obtained	—	691

Group III.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	11
(b) for adenoids and chronic tonsillitis	—	168
(c) for other nose and throat conditions	—	8
Received other forms of treatment	588	505
TOTAL	588	692

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	39	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	—	219

Group V.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinic	Elsewhere
Number of pupils treated at Child Guidance Clinic	96	—

Group VI.—Speech Therapy.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	143	—

Group VII.—Other Treatment Given.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	1,074	341
(b) Other (specify) :		
<i>Heart conditions</i> : including rheumatism and chorea	—	20
<i>Lungs</i> : tuberculous and non-tuberculous conditions and bronchitis, etc.	—	147
<i>Hernia</i> : and other developmental defects	—	4
<i>Epilepsy</i> : and other nervous conditions	—	10
<i>Miscellaneous</i> : Glands, abdomen, appendicitis, influenza, fractures, urinary conditions, etc.	—	305
TOTAL	1,074	827

TABLE V.
DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—		
(a) Periodic age groups		4,173
(b) Specials		2,035
TOTAL (1)		6,208
(2) Number found to require treatment		4,170
(3) Number referred for treatment		4,086
(4) Number actually treated		2,837
(5) Attendances made by pupils for treatment		8,316
(6) Half-days devoted to :		
Inspection		59
Treatment		858
TOTAL (6)		917
(7) Fillings :		
Permanent Teeth		2,723
Temporary Teeth		227
TOTAL (7)		2,950
(8) Number of teeth filled :		
Permanent Teeth		2,670
Temporary Teeth		221
TOTAL (8)		2,891
(9) Extractions :		
Permanent Teeth		883
Temporary Teeth		3,288
TOTAL (9)		4,171
(10) Administration of general anaesthetics for extraction		1,666
(11) Other operations :		
Permanent Teeth		1,790
Temporary Teeth		28
TOTAL (11)		1,818